

- 6 CRS-1 Forms are provided for you to complete and submit to the Department.
- You will receive more CRS-1 Forms in the CRS-1 Filer's Kit mailed every June and December.
- Please file your CRS-1 Forms in accordance with your filing status: i.e., monthly, quarterly, semi-annually. If you do not know your filing status, please contact your local district office.
- Sign the return and make check payable to Taxation and Revenue Department.  
Mail to: P.O. Box 25128, Santa Fe, NM 87504-5128

Penalty will be assessed for nonpayment of timely reports. Please indicate your CRS ID number on your check.

Do not make address changes on the CRS-1 Form.  
Use the Registration Update, Form ACD-31075, included in this packet.

NAME	NEW MEXICO CRS ID NO. →
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### TAXPAYER'S COPY

Keep this copy as part of your records.

Tear at perforation and return bottom portion only to:  
Taxation and Revenue Department  
P.O. Box 25128, Santa Fe, New Mexico 87504-5128

**Due date: 25th of month following end of report period**

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COMBINED REPORT FORM, CRS-1

Rev. 04/2010

NAME  STREET / BOX  CITY, STATE, ZIP	NEW MEXICO CRS ID NO. →
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Please complete if not preprinted

Please complete if not preprinted

**Mail To: Taxation and Revenue Department, P.O. Box 25128, Santa Fe, NM 87504-5128**

DEPARTMENT USE LATE FILE	DEPARTMENT USE ONLY		DEPARTMENT USE ONLY Do not write in this area

# Go Paperless!

File the CRS-1 Form online through the Department's web site:

[www.tax.state.nm.us](http://www.tax.state.nm.us)

click on Electronic Services and choose CRS-NET

A Municipality / County Name	B Special Code*	C Location Code	D Gross Receipts (Excluding Tax)	E Total Deductions	F Taxable Gross Receipts	G Tax Rate	H Gross Receipts Tax	
TOTAL COLUMNS D, E and H. *See instructions for column B.			\$	\$	TOTAL GROSS RECEIPTS TAX			1
Payment made by: <input type="checkbox"/> Automated Clearinghouse Deposit					Date		COMPENSATING TAX	
<input type="checkbox"/> Federal Wire Transfer					Date		WITHHOLDING TAX	
Check if applicable: <input type="checkbox"/> Amended Report							TOTAL TAX DUE	
TAX PERIOD							PENALTY	
							INTEREST	
							TOTAL AMOUNT DUE	

Print Name \_\_\_\_\_ NM CRS ID No. \_\_\_\_\_ Phone No. \_\_\_\_\_

Rev. 04/2010

Signature of Taxpayer or Agent \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

I declare that I have examined this return including any accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete.

A Municipality / County Name	B Special Code*	C Location Code	D Gross Receipts (Excluding Tax)	E Total Deductions	F Taxable Gross Receipts	G Tax Rate	H Gross Receipts Tax	
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Print Name \_\_\_\_\_ NM CRS ID No. \_\_\_\_\_ Phone No. \_\_\_\_\_

Signature of Taxpayer or Agent \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

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Rev. 04/2010